

Slate Mailer Organization Campaign Statement

(Government Code Sections 84218-84219)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement Covers Period

from 02/15/2009

through 06/30/2009

Date Stamp

CALIFORNIA
1992 FORM 401

1/4

FOR OFFICIAL USE ONLY

I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

Voter Information Guide

ID NUMBER

593003

ADDRESS NO AND STREET

CITY STATE ZIP CODE PHONE NUMBER

Sherman Oaks CA 91423

NAME OF TREASURER:

Tracey Pomerance-Poirier

ADDRESS NO AND STREET

CITY STATE ZIP CODE DAYTIME PHONE NUMBER

Sherman Oaks CA 91403

II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

☐

Committee Report
Attached

☐

ID Number if
Recipient Committee

III Summary of Payments

| | (A) Total This Period | (B) Cumulative to Date (Since January 1 of calendar year covered) |
|---------------------------|-----------------------------|--|
| 1 TOTAL PAYMENTS RECEIVED | \$ 0.00 Sch. A, Line 3 | \$ 0.00 |
| 2 TOTAL PAYMENTS MADE | \$ 0.00 Sch. B, Line 3 | \$ 0.00 |

IV Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/24/2009 At Sherman Oaks By Tracey Pomerance-Poirier CA
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Tracey Pomerance-Poirier CA Title: Treasurer
TYPE OR PRINT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE

INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

State of California Fair Political Practices Commission

Schedule B Payments Made

SCHEDULE B

| | |
|--|------------------------------------|
| Statement covers period from 02/15/2009 through 06/30/2009 | CALIFORNIA 1992 FORM 401 |
| | 2/4 |
| I.D NUMBER 593003 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

Voter Information Guide

| NAME AND STREET ADDRESS OF PAYEE | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------------------------|-------------|
| Luis Bobadilla Sherman Oaks CA 91401 Reference No: | Consulting | 4500.00 |
| David Krute Reseda CA 91335 Reference No: | Professional Services | 2000.00 |
| David Krute Reseda CA 91335 Reference No: | Professional Services | 3000.00 |
| David Krute Reseda CA 91335 Reference No: | Professional Services | 5000.00 |
| David Krute Reseda CA 91335 Reference No: | Professional Services | 5000.00 |
| David Krute Reseda CA 91335 Reference No: | Professional Services | 7000.00 |
| David Krute Reseda CA 91335 Reference No: | Professional Services | 3000.00 |

Summary

SUBTOTAL \$

1. Payments of \$100 or More (Include all Schedule B subtotals) \$ 140498.92
2. Payments under \$100 This Period (Not itemized) \$ 81.19
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2,
of the Summary of Payments section on Page 1. \$ 140580.11

Schedule B Payments Made

SCHEDULE B

| | |
|--|------------------------------------|
| Statement covers period from 02/15/2009 through 06/30/2009 | CALIFORNIA 1992 FORM 401 |
| | 3/4 |
| I.D NUMBER 593003 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

Voter Information Guide

| NAME AND STREET ADDRESS OF PAYEE | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------------------------|-------------|
| David Krute Reseda CA 91335 Reference No: | Professional Services | 2000.00 |
| David Krute Reseda CA 91335 Reference No: | Professional Services | 3000.00 |
| David Krute Reseda CA 91335 Reference No: | Professional Services | 3000.00 |
| David Krute Reseda CA 91335 Reference No: | Professional Services | 3000.00 |
| David Krute Reseda CA 91335 Reference No: | Professional Services | 5500.00 |
| Lakeside Communications Group Rancho Mirage CA 92270 Reference No: | Production | 24853.28 |
| Levine & Associates Sherman Oaks CA 91403 Reference No: | Professional Services | 19350.00 |

Summary

SUBTOTAL \$

1. Payments of \$100 or More (Include all Schedule B subtotals) \$
2. Payments under \$100 This Period (Not itemized) \$
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1. \$

Schedule B Payments Made

SCHEDULE B

| | |
|--|------------------------------------|
| Statement covers period from 02/15/2009 through 06/30/2009 | CALIFORNIA 1992 FORM 401 |
| | 4/4 |
| I.D NUMBER 593003 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

Voter Information Guide

| NAME AND STREET ADDRESS OF PAYEE | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---|-------------|
| Levine & Associates Sherman Oaks CA 91403 Reference No: | Reimbursement of Postage and Shipping Costs | 42172.20 |
| Netfile Mariposa CA 95338 Reference No: | | 1500.00 |
| Netfile Mariposa CA 95338 Reference No: | | 1500.00 |
| Political Data Inc. Burbank CA 91507 Reference No: | Electoral Data | 2923.44 |
| Tracey Pomerance-Poirier Sherman Oaks CA 91403 Reference No: | Professional Services | 500.00 |
| Tracey Pomerance-Poirier Sherman Oaks CA 91403 Reference No: | Professional Services | 500.00 |
| Tracey Pomerance-Poirier Sherman Oaks CA 91403 Reference No: | Professional Services | 1200.00 |

Summary

SUBTOTAL \$ 140498.92

1. Payments of \$100 or More (Include all Schedule B subtotals) \$ _____
2. Payments under \$100 This Period (Not itemized) \$ _____
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1. \$ _____